

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name CVS/PHARMACY #10657	Telephone Number Est 812-948-8305 Own 401-765-1500	Date of Inspection 09/29/2020	ID#
Address 1950 STATE STREET, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 10/09/2020
Owner CVS/PHARMACY		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner's Address 1 CVS DRIVE MC 1160 WOONSOCKET, RI 02895-			
Person in Charge RACHEL MORRIS			
Responsible Person's Email			
Certified Food Handler			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
351		X		Observed no covered trash can in employee restroom.	1 WEEK
430		X		Observed foul odor from previous spill in walk-in cooler.	1 WEEK

Summary of Violations	C	<u>0</u>	NC	<u>2</u>	R	<u>0</u>
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Received by (name and title printed): RACHEL MORRIS		Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST	
Received by (signature):		Inspected by (signature): 	
cc:	cc:	cc:	